2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46714 1. Entity Name						FILED May 11, 2000 8:00 am Secretary of State			
HAVVKEY	E PAINTING, INC.					Secretar 05-11-2000 90			
Principal Place of Business Mailing Address						03-11-2000 90	1282 004 ****13	0.00	
14214 BRIARTHORN DR TAMPA FL 33614 US		14214 BRIARTHORN DR. TAMPA FL. 33625-3251 US					êr aran 8:8ji ár8ji êrâji	ardil 81611 (88)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE		
City & State		City & State			4.	59-3131343		Applied For Not Applicable	
Zip Country 33425		Zip	Zip Country		5. (Certificate of Status Desired	□ \$8.75 Fee Requ		
22420	6. Name and Address of Current Ro	egistered Agent		- Nama	7. 1	Name and Address of New Re	gistered Agent	£ .e.	
WARYCHA, JOHN S 14214 BRIARTHORN DR				Name Street Addre	ess (P.O. B	s (P.O. Box Number is Not Acceptable)			
	A FL 33625-3251								
				City			FL Zip C	ode	
The above named entity submits this statement for the purpose of changing its registered office.						ent, or both, in the State of Flori	da.		
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered	d Agent signature re	quired when re	einstating)	DATE		
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!! After MAY 1, 200 Make Check Payabl	0 Fee	will be \$550.		10. Election Campaign Final Trust Fund Contribution.		i.00 May Be ded to Fees	
11.	OFFICERS AND D	IRECTORS	12.		AE	DDITIONS/CHANGES TO OFFIC			
NAME	PSTD WARYCHA, JOHN S. 14214 BRIARTHORN DR	☐ Delete	TITLE NAMI				☐ Chang	ge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	TAMPA FL			-ST-ZIP					
TITLE NAME STREET ADORESS		☐ Delete	TITLE NAMI STRE				☐ Chan	ge 🗌 Addition	
CITY-ST-ZIP		<u> </u>		-ST-ZIP					
TITLE NAME STREET ADDRESS	-	☐ Delete		l l			~ · · · · · · · · · · · · · · · · · · ·	ge 🗌 Addition	
CITY-ST-ZIP TITLE		☐ Delete	TITLE				Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP	_				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE		-		☐ Chan	ge 🗔 Addition	
CITY-ST-ZIP			╂—	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •	□ Delețe	CITY	E EET ADDRESS -ST-ZIP			☐ Chan		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR Date Date Dayling Phone #									

John S. Warycha